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CONFIRMATION NO. 1505

SERIAL NUMBER 10/718,248	FILING OR 371(c) DATE 11/20/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 31685-704.502
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## APPLICANTS

Daniel John DiLorenzo, Ft. Washington, MD;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/436,792 12/27/2002 \* and claims benefit of 60/427,699 11/20/2002 and is a CON of 09/340,326 06/25/1999 PAT 6,366,813 which claims benefit of 60/095,413 08/05/1998

(\*)Data provided by applicant is not consistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 06/22/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MD	38	194	14
Verified and Acknowledged	Examiner's Signature <u>SL</u> Initials				

## ADDRESS

021971

## TITLE

Apparatus and method for closed-loop intracranial stimulation for optimal control of neurological disease

FILING FEE RECEIVED 2489	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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